

T15000000734

(Requestor's Name)

(Address)

(Address)

W15-41772 ✓
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

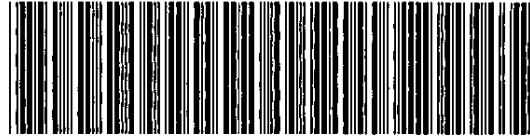
(Business Entity Name)

(Document Number)

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15 JUN 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUN 30 AM 11:11
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TALLAHASSEE, FLORIDA

JUL 1 - 2015
N. CAUSSEUX

COVER LETTER

TO: Registration Section Division of
Corporations

SUBJECT: **Parks Rx 4Health** .
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Susan Ervin .

(Name of Person)

Parks Foundation of Miami-Dade, Inc. .

(Firm/Company)

275 NW Second Street #547 .

(Address)

Miami, FL 33128 .

(City, State and Zip Code)

For further information concerning this matter, please call:

Susan Ervin at (305) 755-7804 .
(Name of Person) (Area code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2015

SUSAN ERVIN
PARKS FOUNDATION OF MIAMI-DADE, INC.
275 N.W. SECOND STREET #547
MIAMI, FL 33128

SUBJECT: PARKS RX 4HEALTH
Ref. Number: W15000041772

We have received your document for PARKS RX 4HEALTH and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) "44" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "44".

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 415A00012607



June 24, 2015

Nanette Causseaux
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Subject: Parks Rx 4Health
Ref. Number: W15000041772

Dear Ms. Casseaux:

Attached please find the corrected application for Parks Rx 4Health logo application.

Thank you for your attention to our application.

Sincerely,

Susan Ervin
Parks Foundation of Miami-Dade

Board of Directors

Raul A. Garcia, President
Dick Anderson, Vice President
James DiBernardo, Secretary
Maira Diaz-Giusti, Treasurer
Karen Evans
Ivonne Fernandez
Jack Kardys
Lisa Martinez
Grant Miller
John Squitero

15 JUN 30 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES'

TO: Division of Corporations Post
Office Box 6327
Tallahassee, FL 32314

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Parks Foundation of Miami-Dade, Inc.

(b) Owner's/Applicant's business address: 275 NW Second Street #547

City/State/Zip: Miami, FL 33128

If different, Owner's/Applicant's mailing address:

(c) Owner's/Applicant's telephone number: (305) 755-7804

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual Corporation General Partnership Limited Partnership
 Joint Venture Union Limited Liability Company Other
501(c)3

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department

of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or

Country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal

Employer identification number (EIN) in #3.

(1) Florida registration/document number: CH-17955 **104-2584**

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 20-0924 393

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.):

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TALLAHASSEE, FLORIDA

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: N/A ,

(b) Date first used in Florida: February 1, 2013 ,

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

Parks Rx 4Health

Provide the English translation of any and all terms listed #1 above, when applicable:

N/A

2. **DISCLAIMER STATEMENT** (if applicable): Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" Rx Health .

"APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three

Parks Rx 4Health is a prescription program for adults and children. After consultation with a physician, the patient who is overweight, obese or physically inactive will be referred to register for, and participate in appropriate recreation programs at a convenient park location that might include: Walk for Life, Enhance Fitness, Yoga, Zumba, Tai Chi and Fit2Play. Daily program participation, physical performance results and biometric measures are collected and tracked for all participants by qualified MDCPROS Health and Wellness Specialists. Doctors evaluate the data collected and provide an analysis for both children and adult patients. Findings inform patients of treatment progress and guide future wellness.

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

N/A

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

Program Marketing collaterals include flyers, internet e-blasts, prescription pads and envelopes

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

N/A

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

2(a), class 44

(classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Susan Ervin, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Typed or printed name of applicant Applicant's signature (List name and title)

Susan Ervin
Director of Development and Marketing
Parks Foundation of Miami-Dade

Applicant's signature (List name and title) Susan Ervin Director of Development & Marketing

State of FLORIDA

County of MIAMI DADE

Sworn to and subscribed before me on this 10th day of JUNE, 2015, SUSAN

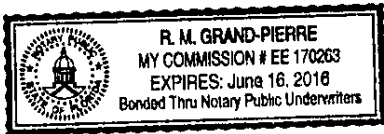
ERVIN

(Name of Individual Signing)

Who is personally known to me

Whose identity I proved on the basis of

(Seal)



R. M. Grand-Pierre
Notary Public Signature

R. M. GRAND-PIERRE
Notary's Printed Name

My Commission Expires: JUNE 16, 2016

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15 JUN 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50 per class